

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043315

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. *156*Primary Registration District No. *3-036*Registrar's No. *156*

FILED DEC 4 1962

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)

Marionville, Missouri

Length of stay in 1b

11 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Ash Street

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lawrence

admission)

c. CITY

OR
TOWN

Marionville, Missouri

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Ash Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Avery

Middle

Henson

Last

4. DATE

OF
DEATH

Month

Day

Year

November

12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

Never Married ☐
Divorced ☐

July 12, 1888

9. AGE (last birthday)

79

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HR

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Barry Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Young W. Henson

13b. MOTHER'S MAIDEN NAME

Matildie Helton

14. NAME OF HUSBAND OR WIFE

Girtie Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lester Henson, Marionville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
2 hoursConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes mellitus

years

DUE TO (c)

Congestive heart disease

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1948

to 11/12/62

and last saw him alive on

11/7/62

Death occurred at

9:00

p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Crane, Missouri

22c. DATE SIGNED

11/13/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Cemetery

23d. LOCATION (City, town, or county)

Marionville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bradford-Surridge Marionville, Mo.

25. DATE RECD. BY LOCAL REG.

12-1-62

26. REGISTRAR'S SIGNATURE

George H. Hingley

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0550

0550

3

4 0

5 1

6

7 0

8 2

9 260X

10

11

12 90-0

13 1-0

Dr. Capetti
USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 5 - 1962

NOV 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William A. Fulk

Licensed Embalmer No. 4658

P. O. Address Marionville, Mo,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.